

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000066786 (1)**

1. Corporation Name

SHEA 90 CORPORATION



Principal Place of Business

Mailing Address

C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

2. Principal Place of Business

21 **c/o State Bd of Admin of FL**

22 **1801 Hermitage Blvd**

Suite, Apt. #, etc.

23 **Suite 600**

City & State

24 **Tallahassee, FL**

Zip

25 **32308**

Country

26 **USA**

2a. Mailing Address

26 **c/o Equitable Real Estate**

27 **1150 Lake Hearn Dr., NE**

Suite, Apt. #, etc.

28 **Suite 400**

City & State

29 **Atlanta, GA**

Zip

30 **30342**

Country

31 **USA**

3. Date Incorporated or Qualified

08/29/1995

3a. Date of Last Report

4. FEI Number

59-3352743

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BECK, WILLIAM PAUL
1801 HERMITAGE BOULEVARD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-appointing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BENNETT, DOUGLAS W**
STREET ADDRESS **1801 HERMITAGE BOULEVARD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME **D MILLER, TODD A**
STREET ADDRESS **1801 HERMITAGE BOULEVARD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15

16 TITLE

17 NAME

18 STREET ADDRESS

19 CITY-ST-ZIP

20

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35

36 TITLE

37 NAME

38 STREET ADDRESS

39 CITY-ST-ZIP

40

President

Laler DeCosta

1150 Lake Hearn Dr., NE, Suite 400
Atlanta, GA 30342

Treasurer

Patricia C. Snedeker

1150 Lake Hearn Dr., NE, Suite 400
Atlanta, GA 30342

Secretary

Evelyn T. Harrington

1150 Lake Hearn Dr., NE, Suite 400
Atlanta, GA 30342

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Evelyn T. Harrington

Evelyn T. Harrington, 7/16/96

404/848-8615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)